

| POSITION                  | INITIALS  | ID NO. | DATE    |
|---------------------------|-----------|--------|---------|
| FEE DETERMINATION         | <i>Sm</i> |        | 2/16/00 |
| O.I.P.E. CLASSIFIER       |           | 59     | 3/2/00  |
| FORMALITY REVIEW          |           | 49452  | 4/7/00  |
| RESPONSE FORMALITY REVIEW |           |        | 4-25-00 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
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| 7     | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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